



For Official Use Only

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

Drug Control Division
Telephone: (860) 713-6065
Web Site: www.ct.gov/dcp

LICENSE APPLICATION FOR OUT OF STATE

MANUFACTURER OF DRUGS, MEDICAL DEVICES, AND/OR COSMETICS

As required by the provisions of Chapter 420b of the Connecticut General Statutes, application is hereby made to the Connecticut State Department of Consumer Protection for a registration to do business within the State of Connecticut as a manufacturer of drugs and/or medical devices and/or cosmetics.

**Completed applications will ONLY be accept
via the following methods:**

Via Email: DCP.DrugManufacturers@ct.gov or

Via Fax: (860) 706-1341

Along with this application please submit the following:

1. A copy of your FDA registration (from the FDA website is acceptable).
2. A copy of your registration from the state in which you manufacture (if applicable).

*Please note that there is no fee associated with this application

Name of Company, Firm, or Corporation under which function is performed			Virtual Manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Telephone Number (with area code)	FEIN Number	Email Address		
Indicate Organizational Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other (explain)				
Names of Principal Officers of the Company, Firm, Corporation, Titles and Home Addresses: (Attach list if needed)				
List all other firm names, corporations, divisions, subsidiaries, etc. (indicating category) and their business address(es) under which a manufacturers business is conducted: (Attach list if needed)				
Has the corporation or any officer thereof, or any partner or the individual owner (within 5 years of the date of this application) been convicted of a violation of any law of the United States or of any state relating to controlled drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please give details on an attached sheet</i>				
Types of Products Manufactured: Controlled Substances: <input type="checkbox"/> Schedule I <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V <input type="checkbox"/> RX Legend Drugs <input type="checkbox"/> Non RX Legend Drugs <input type="checkbox"/> Medical Devices <input type="checkbox"/> Cosmetics (patent medicines, proprietaries, etc.)				
Briefly explain your type of business, giving types of customers serviced and whether products are produced, prepared, cultivated, grown, compounded, converted, processed, packaged, repackaged, labeled or relabeled under own or any other trademark or label:				
<p>I certify that the information contained in this application is the truth to the best of my knowledge.</p> <p>Signature of Applicant _____</p> <p>Title: _____ Date _____</p>				